

ANNUAL STATEMENT

For the Year Ending December 31, 2002

OF THE CONDITION AND AFFAIRS OF THE

OmniCare Health Plan

NAIC Group Code	0000	,	0000	NAIC Company Code	95582	Employer's ID Number	38-2031377
	(Current Period)		(Prior Period)				
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America						
Licensed as business type:	Life, Accident & Health[ ]		Property/Casualty[ ]		Hospital, Medical & Dental Service or Indemnity[ ]		
	Dental Service Corporation[ ]		Vision Service Corporation[ ]		Health Maintenance Organization[X]		
	Other[ ]		Is HMO Federally Qualified? Yes[X] No[ ]				
Date Incorporated or Organized	09/23/1972			Date Commenced Business	12/23/1973		
Statutory Home Office	1155 Brewery Park, Suite 250			Detroit, MI 48207			
	(Street and Number)			(City, or Town, State and Zip Code)			
Main Administrative Office	1155 Brewery Park, Suite 250						
	(Street and Number)						
	Detroit, MI 48207			(313)393-2379			
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)			
Mail Address	1155 Brewery Park, Suite 250			Detroit, MI 48207			
	(Street and Number or P.O. Box)			(City, or Town, State and Zip Code)			
Primary Location of Books and Records	1155 Brewery Park, Suite 250						
	(Street and Number)						
	Detroit, MI 48207			(313)393-2379			
	(City, or Town, State and Zip Code)			(Area Code) (Telephone Number)			
Internet Website Address	WWW.ochp.com						
Statement Contact	Kenyata J. Rogers, Controller			(313)393-2379			
	(Name)			(Area Code)(Telephone Number)(Extension)			
	Krogers@ochp.com			(313)393-4743			
	(E-Mail Address)			(Fax Number)			
Policyowner Relations Contact							
	(Street and Number)						
	(City, or Town, State and Zip Code)						
	(Area Code) (Telephone Number)(Extension)						

OFFICERS

Deputy Rehabilitator Bobby L. Jones

Deputy Rehabilitator Beverly Allen

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

Frank M. Fitzgerald, Commissioner, OFIS

Tej Mattoo, M.D.

Bruce R. Deschere, M.D., M.S.B.A.

Herman B. Gray, Jr. M.D.

State of Michigan

County of Wayne ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manuals except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)	(Signature)	(Signature)
Bobby Jones	Beverly Allen	
(Printed Name)	(Printed Name)	(Printed Name)
Deputy Rehabilitator	Deputy Rehabilitator	Treasurer
	a. Is this an original filing?	Yes[X] No[ ]
	b. If no,	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

Subscribed and sworn to before me this

day of , 2003

(Notary Public Signature)



**EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals .....	.....	.....	.....	.....	.....	.....
<b>Group Subscribers:</b>						
City of Detroit .....	1,023,445	967,083	.....	.....	.....	1,990,528
Board of Education .....	282,375	.....	.....	.....	.....	282,375
State of Michigan .....	276,527	.....	.....	.....	.....	276,527
0299997 Subtotal - Group Subscribers: .....	1,582,347	967,083	.....	.....	.....	2,549,430
0299998 Premium due and unpaid not individually listed .....	150,477	61,173	31,476	4,108	.....	247,234
0299999 Total group .....	1,732,824	1,028,256	31,476	4,108	.....	2,796,664
0399999 Premiums due and unpaid from Medicare entities .....	.....	.....	.....	.....	.....	.....
0499999 Premiums due and unpaid from Medicaid entities .....	.....	.....	.....	.....	.....	.....
0599999 Accident and health premiums due and unpaid (Page 2, Line 10) ..	1,732,824	1,028,256	31,476	4,108	.....	2,796,664

**EXHIBIT 4 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
<b>Receivables not individually listed</b>						
Pharmacy Rebate Receivable .....	650,000	.....	.....	.....	.....	650,000
FEHBP Receivable .....	1,057,659	.....	.....	.....	.....	1,057,659
State of Michigan .....	779,914	387,235	.....	.....	.....	1,167,149
0499999 Total - Receivables not inidivually listed .....	261,405	.....	.....	2,536,660	2,310,750	487,315
0599999 Health care receivables .....	2,748,978	387,235	.....	2,536,660	2,310,750	3,362,123

**EXHIBIT 5 - CLAIMS PAYABLE (Reported and Unreported)**  
Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
<b>Individually Listed Claims Payable</b>						
The Detroit Medical Center .....					4,851,054	4,851,054
0199999 Total - Individually Listed Claims Payable .....					4,851,054	4,851,054
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	4,945,948	79,835	36,595	162,556	599,374	5,824,309
0499999 Subtotals .....	4,945,948	79,835	36,595	162,556	5,450,428	10,675,363
0599999 Unreported claims and other claim reserves .....						12,090,479
0699999 Total Amounts Withheld .....						
0799999 Total Claims Payable .....						22,765,842
0899999 Accrued Medical Incentive Pool .....						1,682,399

**EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
0399999 Total gross amounts receivable .....							

NONE

**EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
<b>Individually listed payables</b>				
OmniCare TPA .....	Third Party Administrator for Health Plan ..	64,379	64,379	
0199999 Total - Individually listed payables .....	X X X .....	64,379	64,379	
0299999 Payables not individually listed .....	X X X .....			
0399999 Total gross payables .....	X X X .....	64,379	64,379	

**EXHIBIT 8 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS**

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total	Total Members Covered	Column 3 as a % of Total	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>							
1.	Medical groups .....	20,681,760	11.518	998,782	100.000		20,681,760
2.	Intermediaries .....						
3.	All other providers .....	31,458,761	17.519				31,458,761
4.	Total capitation payments .....	52,140,521	29.037	998,782	100.000		52,140,521
<b>Other Payments:</b>							
5.	Fee-for-service .....			X X X	X X X		
6.	Contractual fee payments .....	127,424,384	70.963	X X X	X X X		127,424,384
7.	Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments .....			X X X	X X X		
9.	Non-contingent salaries .....			X X X	X X X		
10.	Aggregate cost arrangements .....			X X X	X X X		
11.	All other payments .....			X X X	X X X		
12.	Total other payments .....	127,424,384	70.963	X X X	X X X		127,424,384
13.	Total (Line 4 plus Line 12) .....	179,564,905	100.000	X X X	X X X		179,564,905

**EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
9999999 .....			X X X .....	X X X .....	X X X .....



**EXHIBIT 9 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	N O N E	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures .....		.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....		.....	.....	.....	.....	.....
4.	Durable medical equipment .....		.....	.....	.....	.....	.....
5.	Other property and equipment .....		.....	.....	.....	.....	.....
6.	Total .....	.....	.....	.....	.....	.....	.....



**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

REPORT FOR: 1. CORPORATION:      2. DIVISION:  
NAIC Group Code 0000      BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR      NAIC Company Code 95582

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>										
1. Prior Year .....	94,218	260	23,560				4,032		66,366	
2. First Quarter .....	87,984	244	16,423				3,294		68,023	
3. Second Quarter .....	81,772	217	15,579				3,787		62,189	
4. Third Quarter .....	80,866	222	14,538				3,510		62,596	
5. Current Year .....	78,665	205	12,675				3,425		62,360	
6. Current Year Member Months .....	998,782	2,715	181,910				44,614		769,543	
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician .....	673,780	1,842	120,486				30,265		521,187	
8. Non-Physician .....										
9. Total .....	673,780	1,842	120,486				30,265		521,187	
10. Hospital Patient Days Incurred .....	42,858	71	4,650				1,168		36,969	
11. Number of Inpatient Admissions .....	9,287	15	979				246		8,047	
12. Premiums Collected .....	171,241,573	589,757	31,064,431				7,987,504		131,599,881	
13. Premiums Earned .....	172,814,333	598,697	32,964,741				7,377,362		131,873,533	
14. Amount Paid for Provision of Health Care Services .....	179,564,904	693,113	31,142,026				7,287,811		140,441,954	
15. Amount of Incurred for Provision of Health Care Services .....	155,744,039	821,399	25,696,978				6,585,066		122,640,596	

34 Grand Total



**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

REPORT FOR: 1. CORPORATION:      2. DIVISION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF **MICHIGAN** DURING THE YEAR

NAIC Company Code 95582

	1	Comprehensive (Hospital & Medical)		4	5	6	7 Federal Employees Health Benefit Plan	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only		Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>										
1. Prior Year .....	94,218	260	23,560				4,032		66,366	
2. First Quarter .....	87,984	244	16,423				3,294		68,023	
3. Second Quarter .....	81,772	217	15,579				3,787		62,189	
4. Third Quarter .....	80,866	222	14,538				3,510		62,596	
5. Current Year .....	78,665	205	12,675				3,425		62,360	
6. Current Year Member Months .....	998,782	2,715	181,910				44,614		769,543	
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician .....	673,780	1,842	120,486				30,265		521,187	
8. Non-Physician .....										
9. Total .....	673,780	1,842	120,486				30,265		521,187	
10. Hospital Patient Days Incurred .....	42,858	71	4,650				1,168		36,969	
11. Number of Inpatient Admissions .....	9,287	15	979				246		8,047	
12. Premiums Collected .....	171,241,573	589,757	31,064,431				7,987,504		131,599,881	
13. Premiums Earned .....	172,814,333	598,697	32,964,741				7,377,362		131,873,533	
14. Amount Paid for Provision of Health Care Services .....	179,564,904	693,113	31,142,026				7,287,811		140,441,954	
15. Amount of Incurred for Provision of Health Care Services .....	155,744,039	821,399	25,696,978				6,585,066		122,640,596	

**SCHEDULE A - VERIFICATION BETWEEN YEARS**

1.	Book/adjusted carrying value, December 31, prior year (prior year statement) .....	
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 10 .....	
2.2	Totals, Part 3, Column 7 .....	
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)) .....	
4.	Cost of additions and permanent improvements:	
4.1	Totals, Part 1, Column 13 .....	
4.2	Totals, Part 3, Column 9 .....	
5.	Total profit (loss) on sales, Part 3, Column 14 .....	
6.	Increase (decrease) by foreign exchange adjustment:	
6.1	Totals, Part 1, Column 11 .....	
6.2	Totals, Part 3, Column 8 .....	
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 12 .....	
8.	Book/adjusted carrying value at the end of current period .....	
9.	Total valuation allowance .....	
10.	Subtotal (Lines 8 plus 9) .....	
11.	Total nonadmitted amounts .....	
12.	Statement value, current period (Page 2, real estate lines, current period) .....	

**SCHEDULE B - VERIFICATION BETWEEN YEARS**

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year .....	
2.	Amount loaned during year:	
2.1	Actual cost at time of acquisitions .....	
2.2	Additional investment made after acquisitions .....	
3.	Accrual of discount and mortgage interest points and commitment fees .....	
4.	Increase (decrease) by adjustment .....	
5.	Total profit (loss) on sale .....	
6.	Amounts paid on account or in full during the year .....	
7.	Amortization of premium .....	
8.	Increase (decrease) by foreign exchange adjustment .....	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period .....	
10.	Total valuation allowance .....	
11.	Subtotal (Lines 9 plus 10) .....	
12.	Total nonadmitted amounts .....	
13.	Statement value of mortgages owned at end of current period .....	

**SCHEDULE BA - VERIFICATION BETWEEN YEARS**

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year .....	398,949
2.	Cost of acquisitions during year:	
2.1	Actual cost at time of acquisitions .....	
2.2	Additional investment made after acquisitions .....	134,272
3.	Accrual of discount .....	
4.	Increase (decrease) by adjustment .....	(547,227)
5.	Total profit (loss) on sale .....	
6.	Amounts paid on account or in full during the year .....	
7.	Amortization of premium .....	
8.	Increase (decrease) by foreign exchange adjustment .....	
9.	Book/adjusted carrying value of long-term invested assets at end of current period .....	(14,006)
10.	Total valuation allowance .....	
11.	Subtotal (Lines 9 plus 10) .....	(14,006)
12.	Total nonadmitted amounts .....	
13.	Statement value of long-term invested assets at end of current period .....	(14,006)

**SCHEDULE D - PART 1A - SECTION 1**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5  Over 20 Years	6  Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1.	U.S. GOVERNMENTS, SCHEDULES D & DA (Group 1)											
1.1	Class 1	229,986	649,661	313,941			1,193,588	94.01	1,154,215	95.71	1,193,588	
1.2	Class 2	76,048					76,048	5.99	51,770	4.29	76,048	
1.3	Class 3											
1.4	Class 4											
1.5	Class 5											
1.6	Class 6											
1.7	TOTALS	306,034	649,661	313,941			1,269,636	100.00	1,205,985	100.00	1,269,636	
2.	ALL OTHER GOVERNMENTS, SCHEDULES D & DA (Group 2)											
2.1	Class 1											
2.2	Class 2											
2.3	Class 3											
2.4	Class 4											
2.5	Class 5											
2.6	Class 6											
2.7	TOTALS											
3.	STATES, TERRITORIES AND POSSESSIONS ETC., GUARANTEED, SCHEDULES D & DA (Group 3)											
3.1	Class 1											
3.2	Class 2											
3.3	Class 3											
3.4	Class 4											
3.5	Class 5											
3.6	Class 6											
3.7	TOTALS											
4.	POLITICAL SUBDIVISIONS OF STATES, TERRITORIES & POSSESSIONS, GUARANTEED, SCHEDULES D & DA (Group 4)											
4.1	Class 1											
4.2	Class 2											
4.3	Class 3											
4.4	Class 4											
4.5	Class 5											
4.6	Class 6											
4.7	TOTALS											
5.	SPECIAL REVENUE & SPECIAL ASSESSMENT OBLIGATIONS ETC., NON-GUARANTEED, SCHEDULES D & DA (Group 5)											
5.1	Class 1											
5.2	Class 2											
5.3	Class 3											
5.4	Class 4											
5.5	Class 5											
5.6	Class 6											
5.7	TOTALS											

**SCHEDULE D - PART 1A - SECTION 1 (continued)**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. PUBLIC UTILITIES (UNAFFILIATED), SCHEDULES D & DA (Group 6)											
6.1 Class 1 .....											
6.2 Class 2 .....											
6.3 Class 3 .....											
6.4 Class 4 .....											
6.5 Class 5 .....											
6.6 Class 6 .....											
6.7 TOTALS .....											
7. INDUSTRIAL & MISCELLANEOUS (UNAFFILIATED), SCHEDULES D & DA (Group 7)											
7.1 Class 1 .....											
7.2 Class 2 .....											
7.3 Class 3 .....											
7.4 Class 4 .....											
7.5 Class 5 .....											
7.6 Class 6 .....											
7.7 TOTALS .....											
8. CREDIT TENANT LOANS, SCHEDULES D & DA (Group 8)											
8.1 Class 1 .....											
8.2 Class 2 .....											
8.3 Class 3 .....											
8.4 Class 4 .....											
8.5 Class 5 .....											
8.6 Class 6 .....											
8.7 TOTALS .....											
9. PARENT, SUBSIDIARIES AND AFFILIATES, SCHEDULES D & DA (Group 9)											
9.1 Class 1 .....											
9.2 Class 2 .....											
9.3 Class 3 .....											
9.4 Class 4 .....											
9.5 Class 5 .....											
9.6 Class 6 .....											
9.7 TOTALS .....											

**SCHEDULE D - PART 1A - SECTION 1 (continued)**

**Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations**

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. TOTAL BONDS CURRENT YEAR												
10.1	Class 1	229,986	649,661	313,941			1,193,588	94.01	X X X	X X X	1,193,588	
10.2	Class 2	76,048					76,048	5.99	X X X	X X X	76,048	
10.3	Class 3								X X X	X X X		
10.4	Class 4								X X X	X X X		
10.5	Class 5						(c)		X X X	X X X		
10.6	Class 6						(c)		X X X	X X X		
10.7	TOTALS	306,034	649,661	313,941			(b) 1,269,636	100.00	X X X	X X X	1,269,636	
10.8	Line 10.7 as a % of Column 6	24.10	51.17	24.73			100.00	X X X	X X X	X X X	100.00	
11. TOTAL BONDS PRIOR YEAR												
11.1	Class 1	110,332	840,817	203,066			X X X	X X X	1,154,215	95.71	1,154,215	
11.2	Class 2	51,770					X X X	X X X	51,770	4.29	51,770	
11.3	Class 3						X X X	X X X				
11.4	Class 4						X X X	X X X				
11.5	Class 5						X X X	X X X	(c)			
11.6	Class 6						X X X	X X X	(c)			
11.7	TOTALS	162,102	840,817	203,066			X X X	X X X	(b) 1,205,985	100.00	1,205,985	
11.8	Line 11.7 as a % of Col. 8	13.44	69.72	16.84			X X X	X X X	100.00	X X X	100.00	
12. TOTAL PUBLICLY TRADED BONDS												
12.1	Class 1	229,986	649,661	313,941			1,193,588	94.01	1,154,215	95.71	1,193,588	X X X
12.2	Class 2	76,048					76,048	5.99	51,770	4.29	76,048	X X X
12.3	Class 3											X X X
12.4	Class 4											X X X
12.5	Class 5											X X X
12.6	Class 6											X X X
12.7	TOTALS	306,034	649,661	313,941			1,269,636	100.00	1,205,985	100.00	1,269,636	X X X
12.8	Line 12.7 as a % of Col. 6	24.10	51.17	24.73			100.00	X X X	X X X	X X X	100.00	X X X
12.9	Line 12.7 as a % of Line 10.7, Col. 6, Section 10	24.10	51.17	24.73			100.00	X X X	X X X	X X X	100.00	X X X
13. TOTAL PRIVATELY PLACED BONDS												
13.1	Class 1										X X X	
13.2	Class 2										X X X	
13.3	Class 3										X X X	
13.4	Class 4										X X X	
13.5	Class 5										X X X	
13.6	Class 6										X X X	
13.7	TOTALS										X X X	
13.8	Line 13.7 as a % of Col. 6							X X X	X X X	X X X	X X X	
13.9	Line 13.7 as a % of Line 10.7, Col. 6, Section 10							X X X	X X X	X X X	X X X	

(a) Includes \$..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.  
(b) Includes \$..... current year, \$..... prior year of bonds with Z designations and \$..... current year, \$..... prior year of bonds with Z\* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z\*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.  
(c) Includes \$..... current year, \$..... prior year of bonds with 5\* designations and \$..... current year, \$..... prior year of bonds with 6\* designations. "5\*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

**SCHEDULE D - PART 1A - SECTION 2**

**Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues**

Distribution by Type		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5  Over 20 Years	6  Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1.	U.S. GOVERNMENTS, SCHEDULES D & DA (Group 1)											
1.1	Issuer Obligations .....	306,034	649,661	313,941			1,269,636	100.00	1,205,985	100.00	1,269,636	
1.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
1.7	TOTALS .....	306,034	649,661	313,941			1,269,636	100.00	1,205,985	100.00	1,269,636	
2.	ALL OTHER GOVERNMENTS, SCHEDULES D & DA (Group 2)											
2.1	Issuer Obligations .....											
2.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
2.3	Defined .....											
2.4	Other .....											
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
2.5	Defined .....											
2.6	Other .....											
2.7	TOTALS .....											
3.	STATES, TERRITORIES AND POSSESSIONS, GUARANTEED, SCHEDULES D & DA (Group 3)											
3.1	Issuer Obligations .....											
3.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
3.3	Defined .....											
3.4	Other .....											
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
3.5	Defined .....											
3.6	Other .....											
3.7	TOTALS .....											
4.	POLITICAL SUBDIVISIONS OF STATES, TERRITORIES & POSSESSIONS, GUARANTEED, SCHEDULES D & DA (Group 4)											
4.1	Issuer Obligations .....											
4.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
4.3	Defined .....											
4.4	Other .....											
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
4.5	Defined .....											
4.6	Other .....											
4.7	TOTALS .....											
5.	SPECIAL REVENUE & SPECIAL ASSESSMENT OBLIGATIONS ETC., NON-GUAR., SCH. D & DA (Group 5)											
5.1	Issuer Obligations .....											
5.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
5.3	Defined .....											
5.4	Other .....											
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
5.5	Defined .....											
5.6	Other .....											
5.7	TOTALS .....											



**SCHEDULE D - PART 1A - SECTION 2 (continued)**

**Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues**

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
6. PUBLIC UTILITIES (UNAFFILIATED), SCHEDULES D & DA (Group 6)											
6.1 Issuer Obligations .....											
6.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....											
<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
6.3 Defined .....											
6.4 Other .....											
<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
6.5 Defined .....											
6.6 Other .....											
6.7 TOTALS .....											
7. INDUSTRIAL & MISCELLANEOUS (UNAFFILIATED), SCHEDULES D & DA (Group 7)											
7.1 Issuer Obligations .....											
7.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....											
<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
7.3 Defined .....											
7.4 Other .....											
<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
7.5 Defined .....											
7.6 Other .....											
7.7 TOTALS .....											
8. CREDIT TENANT LOANS, SCHEDULES D & DA (Group 8)											
8.1 Issuer Obligations .....											
8.7 TOTALS .....											
9. PARENT, SUBSIDIARIES AND AFFILIATES, SCHEDULES D & DA (Group 9)											
9.1 Issuer Obligations .....											
9.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....											
<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
9.3 Defined .....											
9.4 Other .....											
<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
9.5 Defined .....											
9.6 Other .....											
9.7 TOTALS .....											

**SCHEDULE D - PART 1A - SECTION 2 (continued)**

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
10. TOTAL BONDS CURRENT YEAR											
10.1 Issuer Obligations .....	306,034	649,661	313,941			1,269,636	100.00	X X X	X X X	1,269,636	
10.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....								X X X	X X X		
<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
10.3 Defined .....								X X X	X X X		
10.4 Other .....								X X X	X X X		
<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
10.5 Defined .....								X X X	X X X		
10.6 Other .....								X X X	X X X		
10.7 TOTALS .....	306,034	649,661	313,941			1,269,636	100.00	X X X	X X X	1,269,636	
10.8 Line 10.7 as a % of Column 6 .....	24.10	51.17	24.73			100.00	X X X	X X X	X X X	100.00	
11. TOTAL BONDS PRIOR YEAR											
11.1 Issuer Obligations .....	162,102	840,817	203,066			X X X	X X X	1,205,985	100.00	1,205,985	
11.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....						X X X	X X X				
<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
11.3 Defined .....						X X X	X X X				
11.4 Other .....						X X X	X X X				
<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
11.5 Defined .....						X X X	X X X				
11.6 Other .....						X X X	X X X				
11.7 TOTALS .....	162,102	840,817	203,066			X X X	X X X	1,205,985	100.00	1,205,985	
11.8 Line 11.7 as a % of Column 8 .....	13.44	69.72	16.84			X X X	X X X	100.00	X X X	100.00	
12. TOTAL PUBLICLY TRADED BONDS											
12.1 Issuer Obligations .....	306,034	649,661	313,941			1,269,636	100.00	1,205,985	100.00	1,269,636	X X X
12.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....											X X X
<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
12.3 Defined .....											X X X
12.4 Other .....											X X X
<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
12.5 Defined .....											X X X
12.6 Other .....											X X X
12.7 TOTALS .....	306,034	649,661	313,941			1,269,636	100.00	1,205,985	100.00	1,269,636	X X X
12.8 Line 12.7 as a % of Column 6 .....	24.10	51.17	24.73			100.00	X X X	X X X	X X X	100.00	X X X
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10 .....	24.10	51.17	24.73			100.00	X X X	X X X	X X X	100.00	X X X
13. TOTAL PRIVATELY PLACED BONDS											
13.1 Issuer Obligations .....										X X X	
13.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....										X X X	
<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
13.3 Defined .....										X X X	
13.4 Other .....										X X X	
<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
13.5 Defined .....										X X X	
13.6 Other .....										X X X	
13.7 TOTALS .....										X X X	
13.8 Line 13.7 as a % of Column 6 .....							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10 .....							X X X	X X X	X X X	X X X	

**SCHEDULE DA - PART 2**  
**Verification of SHORT-TERM INVESTMENTS Between Years**

		1	2	3	4	5
		Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1.	Book/adjusted carrying value, prior year .....	51,770			51,770	
2.	Cost of short-term investments acquired .....	342,938			342,938	
3.	Increase (decrease) by adjustment .....					
4.	Increase (decrease) by foreign exchange adjustment .....					
5.	Total profit (loss) on disposal of short-term investments .....					
6.	Consideration received on disposal of short-term investments .....	318,660			318,660	
7.	Book/adjusted carrying value, current year .....	76,048			76,048	
8.	Total valuation allowance .....					
9.	Subtotal (Lines 7 plus 8) .....	76,048			76,048	
10.	Total nonadmitted amounts .....					
11.	Statement value (Lines 9 minus 10) .....	76,048			76,048	
12.	Income collected during year .....	609			609	
13.	Income earned during year .....	205			205	

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

**SCHEDULE DB - PART A - VERIFICATION BETWEEN YEARS**

**Verification Between Years of Aggregate Write-in Book Value on Options, Caps, Floors and Insurance Futures Options Owned**

1.	Aggregate write-in book value, December 31, prior year (Line 8, prior year) .....	.....
2.	Cost/Option Premium (Section 2, Column 7) .....	.....
3.	Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13) .....	.....
4.	Gain/(Loss) on Termination	
	4.1 Recognized (Section 3, Column 14) .....	.....
	4.2 Used to Adjust Basis of Hedged Item (Section 3, Column 15) .....	.....
5.	Consideration received on terminations (Section 3, Column 12) .....	.....
6.	Used to Adjust Basis on Open Contracts (Section 1, Column 13) .....	.....
7.	Disposition of deferred amount on contracts terminated in prior year:	
	7.1 Recognized .....	.....
	7.2 Used to Adjust Basis of Hedged Item .....	.....
8.	Aggregate write-in book value, December 31, Current Year (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7) .....	.....

**SCHEDULE DB - PART B - VERIFICATION BETWEEN YEARS**

**Verification Between Years of Aggregate Write-in Book Value on Options, Caps, Floors and Insurance Futures Options Written**

1.	Aggregate write-in book value, December 31, prior year (Line 8, prior year) .....	.....
2.	Consideration received (Section 2, Column 7) .....	.....
3.	Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13) .....	.....
4.	Gain/(Loss) on Termination:	
	4.1 Recognized (Section 3, Column 14) .....	.....
	4.2 Used to Adjust Basis (Section 3, Column 15) .....	.....
5.	Consideration paid on terminations (Section 3, Column 12) .....	.....
6.	Used to Adjust Basis on Open Contracts (Section 1, Column 13) .....	.....
7.	Disposition of deferred amount on contracts terminated in prior year:	
	7.1 Recognized .....	.....
	7.2 Used to Adjust Basis .....	.....
8.	Aggregate write-in book value, December 31, Current Year (Lines 1+2+3-4-5-6-7) .....	.....

**SCHEDULE DB - PART C - VERIFICATION BETWEEN YEARS**

**Verification Between Years of Aggregate Write-in Book Value on Swaps and Forwards**

1.	Aggregate write-in book value, December 31, prior year (Line 8, prior year) .....	
2.	Cost or (Consideration Received) (Section 2, Column 7) .....	
3.	Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13) .....	
4.	Gain/(Loss) on Termination:	
4.1	Recognized (Section 3, Column 14) .....	
4.2	Used to Adjust Basis of Hedged Item (Section 3, Column 15) .....	
5.	Consideration received (or paid) on terminations (Section 3, Column 12) .....	
6.	Used to Adjust Basis of Hedged Item on Open Contracts (Section 1, Column 13) .....	
7.	Disposition of deferred amount on contracts terminated in prior year:	
7.1	Recognized .....	
7.2	Used to Adjust Basis of Hedged Item .....	
8.	Aggregate write-in book value, December 31, Current Year (Lines 1+2+3+4-5-6-7) .....	

**SCHEDULE DB - PART D - VERIFICATION BETWEEN YEARS**

**Verification Between Years of Aggregate Write-in Book Value on Futures Contracts and Insurance Futures Contracts**

1.	Aggregate write-in book value, December 31, prior year (Line 8, prior year) .....	
2.	Change in total Variation Margin on Open Contracts (Difference between years-Section 1, Column 6) .....	
3.1	Change in Variation Margin on Open Contracts Used to Adjust Basis of Hedged Item (Section 1, Column11) .....	
3.2	Change in variation margin on open contracts recognized (Difference between years-Section 1, Column10) .....	
4.1	Variation Margin on Contracts Terminated During the Year (Section 3, Column 6) .....	
4.2	Less	
4.21	Gain/(Loss) Recognized in Current Year (Section 3, Column 11) .....	
4.22	Gain/(Loss) Used to Adjust Basis of Hedge (Section 3, Column 12) .....	
4.3	Subtotal (Line 4.1 minus Line 4.2) .....	
5.1	Net Additions to Cash Deposits (Section 2, Column 7) .....	
5.2	Less: Net Reductions to Cash Deposits (Section 3, Column 9) .....	
6.	Subtotal (Lines 1 - 2 + 3.1 + 3.2 - 4.3 + 5.2) .....	
7.	Disposition of Gain/(Loss) on Contracts Terminated in Prior Year: .....	
7.1	Recognized .....	
7.2	Used to Adjust Basis of Hedged Item .....	
8.	Aggregate write-in book value, December 31, current year (Lines 6 + 7.1 + 7.2) .....	

**SCHEDULE DB - PART E - VERIFICATION BETWEEN YEARS**

**Verification Of Statement Value and Fair Value of Open Contracts**

		Statement Value	
1.	Part A, Section 1, Column 10 .....		
2.	Part B, Section 1, Column 10 .....		
3.	Part C, Section 1, Column 10 .....		
4.	Part D, Section 1, Column 9 - 12 .....		
5.	Lines (1) - (2) + (3) + (4) .....		
6.	Part E, Section 1, Column 4 .....		
7.	Part E, Section 1, Column 5 .....		
8.	Lines (5) - (6) - (7) .....		
		Fair Value	
9.	Part A, Section 1, Column 11 .....		
10.	Part B, Section 1, Column 11 .....		
11.	Part C, Section 1, Column 11 .....		
12.	Part D, Section 1, Column 9 .....		
13.	Lines (9) - (10) + (11) + (12) .....		
14.	Part E, Section 1, Column 7 .....		
15.	Part E, Section 1, Column 8 .....		
16.	Lines (13) - (14) - (15) .....		

**46      Schedule DB Part F Sn 1 - Sum Replicated Assets - ..... NONE**

**47      Schedule DB Part F Sn 2 - Recon Replicated Assets - ..... NONE**

**SCHEDULE S - PART 1 - SECTION 2**

**Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year**

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999	Totals	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

**SCHEDULE S - PART 2**

**Reinsurance Recoverable on Paid and Unpaid Losses Listed by  
Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4  Name of Company	5  Location	6  Paid Losses	7  Unpaid Losses
<b>Accident and Health, Affiliates</b>						
22039 ....	13-2673100 ...	04/01/2002	General Rein Corp .....	Stamford, CT .....	125,037	
0499999 Total - Accident and Health, Affiliates .....					125,037	
0699999 Totals - Accident and Health .....					125,037	
0799999 Totals - Life, Annuity and Accident and Health .....					125,037	



**SCHEDULE S - PART 3 - SECTION 2**

**Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year**

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<b>Affiliates</b>												
22039 ....	13-2673100 ...	04/01/2002	General Rein Corp .....	Stamford, CT .....	SS/L .....	..... 321,915	.....	.....	.....	.....	.....	.....
0199999 Total - Affiliates .....						..... 321,915	.....	.....	.....	.....	.....	.....
0399999 Totals .....						..... 321,915	.....	.....	.....	.....	.....	.....

**SCHEDULE S - PART 4**  
**Reinsurance Ceded To Unauthorized Companies**

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
				NONE									
1199999 Totals (General Account and Separate Accounts combined) .....				.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

**SCHEDULE S - PART 5**  
**Five-Year Exhibit of Reinsurance Ceded Business**  
**(000 Omitted)**

	1 2002	2 2001	3 2000	4 1999	5 1998
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	94	180			
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....	228	195			
4. Commissions and reinsurance expense allowance .....					
5. Total medical and hospital expenses .....					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....	125				
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances unpaid .....					
11. Unauthorized reinsurance offset .....					
<b>C. UNAUTHORIZED REINSURANCE</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
12. Funds deposited by and withheld from (F) .....					
13. Letters of credit (L) .....					
14. Trust agreements (T) .....					
15. Other (O) .....					

**SCHEDULE S - PART 6**  
**Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance**

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 9) .....	4,520,858		4,520,858
2. Amounts recoverable from reinsurers (Line 12) .....	125,037		125,037
3. Accident and health premiums due and unpaid (Line 10) .....	2,796,664		2,796,664
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	3,724,198		3,724,198
6. Total assets (Line 23) .....	11,166,757		11,166,757
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	22,765,842		22,765,842
8. Accrued medical incentive pool and bonus payments (Line 2) .....	1,682,399		1,682,399
9. Premiums received in advance (Line 6) .....			
10. Reinsurance in unauthorized companies (Line 14) .....			
11. All other liabilities (Balance) .....	729,334		729,334
12. Total liabilities (Line 18) .....	25,177,575		25,177,575
13. Total capital and surplus (Line 26) .....	(14,010,818)	X X X	(14,010,818)
14. Total liabilities, capital and surplus (Line 27) .....	11,166,757		11,166,757
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
15. Claims unpaid .....			
16. Accrued medical incentive pool .....			
17. Premiums received in advance .....			
18. Reinsurance recoverable on paid losses .....			
19. Other ceded reinsurance recoverables .....			
20. Total ceded reinsurance recoverables .....			
21. Premiums receivable .....			
22. Unauthorized reinsurance .....			
23. Other ceded reinsurance payables/offsets .....			
24. Total ceded reinsurance payables/offsets .....			
25. Total net credit for ceded reinsurance .....			

**SCHEDULE Y (continued)**  
**PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
... 0000 ...	.. 38-2526913 ..	United American HealthCare Corporation .....	.....	.....	.....	..... (663,998)	..... 9,488,843	.....	.....	.....	..... 8,824,845	.....
.. 95582 ..	.. 38-2031377 ..	OmniCare Health Plan .....	.....	.....	.....	..... 826,646	.. (11,934,291)	.....	.....	.....	.. (11,107,645)	.....
.. 00000 ..	.. 38-3639256 ..	OmniCare TPA .....	.....	.....	.....	..... (162,648)	..... 2,445,447	.....	.....	.....	..... 2,282,799	.....
9999999 Totals .....			.....	.....	.....	.....	..... 0	.....	X X X	.....	..... 0	.....

Schedule Y Part 2 Explanation:

# SUPPLEMENTAL EXHIBITS AND SCHEDULES

## INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

- 1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
- 2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
- 3. Will an actuarial certification be filed by March 1?
- 4. Will the Risk-based Capital Report be filed with the NAIC by March 1?
- 5. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?
- 6. Will the SVO Compliance Certification be filed by March 1?

Response

See Explanation  
Yes  
Yes  
Yes  
Yes  
See Explanation

APRIL FILING

- 7. Will Management's Discussion and Analysis be filed by April 1?
- 8. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?
- 9. Will the Investment Risks Interrogatories be filed by April 1?

Yes  
No  
Yes

JUNE FILING

- 10. Will an audited financial report be filed by June 1 with the state of domicile?

Yes

Explanations:

Not applicable  
Not required

Bar Codes:

LTC Experience Reporting Form C



**OVERFLOW PAGE FOR WRITE-INS**

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